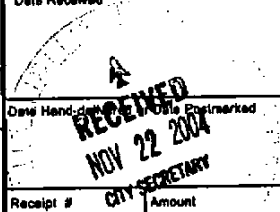
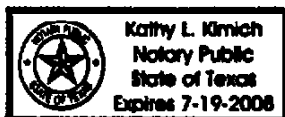


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT#		2 Total pages filed: <u>4</u>	
3 CANDIDATE / OFFICEHOLDER NAME		OFFICE USE ONLY	
MS. / MRS. / MR. <u>Mr.</u> FIRST <u>Bill</u> LAST <u>White</u> SUFFIX <u>H.</u> NICKNAME <u>Bill</u>		Date Received  Date Handled <u>Nov 22 2004</u>	
4 ORIGINAL REPORT TYPE		Receipt # _____ Amount _____	
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		Legal: _____ Totals: _____ Date Processed _____ Date Imaged _____	
5 ORIGINAL PERIOD COVERED			
Month Day Year <u>9/26/2003</u> THROUGH <u>10/24/2003</u>			
6 EXPLANATION OF CORRECTION			
<u>See attached.</u>			

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Bill White

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by

Bill White

this the 22 day of November, 2004.

to certify which, witness my hand and seal of office.

Kathy L. Kimich

Signature of officer administering oath

Printed name of officer administering oath

Kathy L. Kimich Notary Public

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



EXPLANATION OF CORRECTIONS TO 8TH DAY BEFORE ELECTION REPORT:

We are amending Schedule A, which originally reported a contribution in the amount of \$2,500 from Barry Palmer on October 2, 2003 and a second contribution in the amount of \$2,500 from Barry Palmer on October 6, 2003. These contributions were actually made by Coats, Rose PAC. The incorrect identification of the contributor in the original report was the result of a computer database error.

The address of Chris Richardson, who made a contribution reported on Schedule A, is 6464 Woodway, Apt. 320, Houston, Texas 77057.

The address of Michael Robinson, who made a contribution reported on Schedule A, is 4519 Palmetto Drive, Bellaire, Texas 77401.

The address for Hortencia Sifuentes, who was reported on Schedule F as the payee of a political expenditure, is 12710 S. Dairy Ashford, Houston, Texas 77099.

We are supplementing Schedule G to report expenditures from personal funds that were inadvertently omitted from the original report.

Based on the foregoing, "Total Expenditures" reflected on the report increased to \$1,035,583.24.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Mr. William H. White		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/2/2003	5 Full name of contributor C. Rose Political Action Committee Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/1/2003	Full name of contributor C. Rose Political Action Committee Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME: <u>William H. White</u>		3 ACCOUNT # (Ethics Commission form)
4 Date: <u>9/27/2003</u>	5 Payee name: <u>Google Adwords</u> Payee address: <u>[REDACTED]</u> City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u>	6 Amount (\$): <u>51.62</u> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.): <u>Google adwords ad on internet</u>	
Date: <u>10/24/2003</u>	Payee name: <u>The Family Cafe</u> Payee address: <u>[REDACTED]</u> City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u>	Amount (\$): <u>1425.00</u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.): <u>3rd Ward lunch rally</u>	
Date:	Payee name:	Amount (\$):
	Payee address: City: State: Zip Code:	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.):	
Date:	Payee name:	Amount (\$):
	Payee address: City: State: Zip Code:	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.):	
Date:	Payee name:	Amount (\$):
	Payee address: City: State: Zip Code:	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

